(c) and (d) The Drugs and Cosmetics rules provide maximum limits of such heavy metals in cosmetics and standards to which these cosmetics should conform. The State Licensing Authorities for cosmetics take action for violation of these standards under the said rules.

Life expectancy

1606. SHRI S. ANBALAGAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the present life expectancy of male and female in the country;

(b) whether life expectancy in the country is very less as compared to developed countries such as Japan and USA;

(c) if so, the details thereof and the steps proposed to be taken to increase the life expectancy in the country;

(d) whether the infant mortality is very high in the country as compared to most of the other countries; and

(e) if so, the details thereof and the steps proposed to be taken thereon?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) According to the estimates released by the Office of Registrar General of India, the life expectancy at birth for Indian males and females corresponding to the mid year 2003 is 62.3 and 63.9 years respectively, giving an overall life expectancy as 63.2 years. Further, as per the report "State of the World's Children, 2008," published by UNICEF, the life expectancy at birth for Japan and USA are 82 and 78 years respectively in 2006. Statement-I gives the Life Expectancy at birth for selected countries including India.

To improve primary health care system and provide medical facilities to citizens in rural areas, the Government has initiated comprehensive health sector reforms. The National Rural Health Mission (NRHM) is the main vehicle for these reforms and is a flagship programme of the Government. It is being operationalized throughout the country, with special focus on 18 states which includes 8 Empowered Action Group States (Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Uttar Pradesh, Uttaranchal, Orissa and Rajasthan), 8 North-East States, Himachal Pradesh and Jammu & Kashmir. The main aim of NRHM is to provide accessible, affordable, accountable, effective and reliable primary health care facilities, especially, to the poor and vulnerable sections of the population. NRHM seeks to strengthen the Public Health delivery services at all levels. The interventions/initiatives launched under the NRHM aim to reduce mortality and morbidity so that the life expectancy of the people will improve.

(d) and (e) The Infant Mortality Rate of India and some selected countries is given in the Statement (*See* below). Government of India has initiated several measures to bring down the Infant Mortality Rate in the country. A major initiative is the implementation of the Integrated Management of Neonatal and Childhood Illness (IMNCI) strategy, which adopts a holistic approach to the management of the commonest causes of neonatal and childhood mortality—sepsis, acute respiratory infections, diarrhoea, measles and malaria, all coumpounded by malnutrition. IMNCI is to be implemented throughout the country in a phased manner. In addition, thrust is being given to ensure institutional deliveries and train health personnel on essential newborn care so that skilled attendance at birth is available

and all newborns receive specialized care. Efforts to deliver new born, both facility based as well as home based, are being made. Micronutrient supplementation with Vitamin A. Iron Folic Acid and Zinc, Infant and Young Child Nutrition are being stressed. Immunization is one of the major thrust areas of the ongoing Reproductive & Child Health Programme. The National Rural Health Mission, launched in April, 2005 for a period of 7 years (2005 to 2012) is an overarching initiative with a holistic approach which provides multiple strategic additionalities, like provision for health infrastructure upgradation and a health care worker for every 1000 population, among others and has envisaged reduction in Infant Mortality as one of the prime goals to be achieved.

Statement

Life expectancy at birth (years) and Infant Mortality Rates-Selected Countries

Sl. No.	Countries and territories	Infant mortality rate (under 1) 2006	Life expectancy at birth (years) 2006
1	Afghanistan	165	43
2	Australia	5	81
3	Austria	4	80
4	Bangladesh	52	63
5	Bhutan	63	65
6	Brazil	19	72
7	Canada	5	80
8	China	20	73
9	France	4	80
10	Germany	4	79
11	India*	57	63.2
12	Iran (Islamic Republic of)	30	71
13	Japan	3	82
14	Kuwait	9	77
15	Mexico	29	76
16	New Zealand	5	80
17	Pakistan	78	65
18	Singapore	2	80
19	Spain	4	81
20	Sri Lanka	11	72
21	Sweden	3	81
22	Switzerland	4	81
23	United Kingdom	5	79
24	United States	6	78

Summary Indicators for country groupings

Sub-Saharan Africa	95	50
South Asia	62	64
East Asia and Pacific	23	72
Latin America and Caribbean	22	73
CEE/CIS	24	68
Industrialized countries	5	79
Developing countries	54	66
Least developed countries	90	55
World	49	68

SOURCE: (1) Extracts from "State of Word's Children 2008" brought out by UNICEF

* For India, data from the Sample Registration System of the Registrar General of India has been used, which is the official source for such estimates. Life Expectancy for India corresponding to the year 2003

Permanent cure for deadly diseases

†1607. SHRI VEER PAL SINGH YADAV: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is formulating any scheme for permanent cure of serious and deadly diseases such as AIDS, heptatitis, small-pox, malaria, dengue and chickungunya;

(b) if so, the details thereof and by when it would be formulated; and

(c) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE)SHRIMATI PANABAKA LAKSHMI): (a) to (c) Small-pox has already been eradicated from the country. AIDS, hepatitis, dengue and chickungunya are due to viral infections and there is no permanent cure for them. Radical treatment of malaria is already available and being implemented under National Vector Borne Disease Control Programme.

Labelling of packaged food

1608. SHRI RAVULA CHANDRA SEKAR REDDY: Will the MINISTER OF HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that a food label would be mandatory for all items giving details of their ingredients and the nutritional value;

(b) if so, the details thereof;

(c) whether it is also a fact that the country had now overtaken the US as the diabetes capital of the world and was second in obesity, primarily because of the junk food eating habits and lack of physical activity in contrast to the fact that a large number of people were undernourished; and

† Original notice of the question was received in Hindi.